

Appendix B: Initial Participant Intake Form

First name	
Last name	
Email address	
Phone number	
Mailing address (We'll only use this to mail you the \$75 stipend)	
Are you able to fully participate in a group discussion in English?	Yes No
Would you prefer a Spanish language group?	Yes No
How long have you worked in home care?	Less than 1 year 2-5 years More than 5 years
Where have you worked during the past six months (check all that apply)?	Private home Assisted Living Residence Nursing home Group home Somewhere else: Specify _____
I help my clients with (check all that apply)	Daily activities (walking, bathing, dressing, eating etc.) Health care (organizing my medications, changing my bandages, etc.) Housekeeping (preparing meals, house cleaning, laundry etc.) Errands (shopping, going to the post office, etc.) Transportation to appointments and activities Something else not on this list
In a normal work day, around how many different clients do you see?	1 2-4 5 or more
Have you worked for any clients when they were sick with COVID-19?	Yes No Don't know

What technology could you use for the focus group (check all that apply)?	Computer with camera Smartphone (iPhone, Android, etc.) Tablet (iPad, Fire, etc.) Other (please describe)
Will you be able to connect to the internet for a 2 ½ hour focus group?	Yes No
What is your age?	18-24 25-44 45-64 65+
What is your education level?	Less than high school High school Some college College degree Advanced degree
How do you self-identify by race? (Check all that apply)	American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other _____ Prefer not to say
Are you Hispanic or Latino or Latina?	Yes No Prefer not to say
I am a...	Woman Man Prefer not to say Specify _____
What time of day is best for us to call you about your registration?	Early afternoon Late afternoon Evening
On which dates could you attend a focus group? (Check all dates you could attend to increase your chance of being selected)	TBD